

City of Columbus, Department of Development, Building Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224



RESIDENTIAL BUILDING PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

Date _____

TYPE OF PERMIT

☐ 1 FAMILY RESIDENTIAL☐ 2 FAMILY RESIDENTIAL☐ 3 FAMILY RESIDENTIAL**ALTERATION**

- ☐ DECK
☐ FIRE DAMAGE
☐ INTERIOR RENOVATION
☐ FIREPLACE
☐ UNHEATED PORCH

NEW CONSTRUCTION

- ☐ ACCESSORY STRUCTURE
☐ GARAGE
☐ INDUSTRIALIZED UNIT
 ☐ New
 ☐ Relocated
☐ ADDITION
☐ STRUCTURE
☐ RELOCATED STRUCTURE

AREA OF CONSTRUCTION _____ COST OF CONSTRUCTION _____ # OF STORIES _____

ADDRESS OF JOB _____ ZIP _____

WORKING IN UNIT#/SUITE/FLR _____ TAX DISTRICT/PARCEL _____

SUBDIVISION/COMPLEX _____ BLDG/LOT# _____

 APPLICANT: ☐ OWNER ☐ CONTRACTOR
 COMPLETE AFFIDAVIT FORM

 PROPERTY OWNER OF RECORD _____ TELEPHONE () _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 EMAIL _____

 ARE THERE ANY ACTIVE BUILDING SERVICES DIVISION VIOLATION ORDERS? ☐ YES ☐ NO
 ARE THERE ANY ACTIVE NEIGHBORHOOD SERVICES DIVISION VIOLATION ORDERS? ☐ YES ☐ NO

REGISTRATION # _____	TELEPHONE () _____
CONTRACTOR _____	CITY/STATE _____ ZIP _____
ADDRESS _____	EMAIL _____
_____	_____
SIGNATURE OF CONTRACTOR OR AUTHORIZED SIGNER	PRINT OR TYPE NAME
_____	_____
SOFT ACCOUNT #/Pin #	SOFT ACCOUNT AUTHORIZED SIGNATURE

ARCHITECT / ENGINEER _____	TELEPHONE () _____
ADDRESS _____	CITY/STATE _____ ZIP _____
EMAIL _____	

EXISTING USE OF BUILDING: _____

PROPOSED WORK: _____

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BUILDING CODE INFORMATION

TYPE OF CONSTRUCTION

VB

Description of Work: _____

INTAKE: _____

DATE: _____

ZONING: _____

DATE: _____

PLANS EXAM: _____

DATE: _____

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AFFIDAVIT FOR PERMIT

CAUTION: If you act as your own general contractor, you alone are responsible for compliance with City Codes

Note: P.O. Box address is NOT acceptable on this form

PROPERTY OWNER OF RECORD

Name (please print) _____

Street Address _____ Telephone # _____

City/State/Zip _____ FAX # _____

E-mail Address _____

AGENT FOR OWNER

- ☐ TENANT ☐ ARCHITECT / ENGINEER
☐ ATTORNEY ☐ PLAN SERVICE FIRM ☐ OTHER (SPECIFY) _____

Name (please print) _____

Street Address _____ Telephone # _____

City/State/Zip _____ FAX # _____

E-mail Address _____

AFFIDAVIT

(please check one)

I am the: ☐ owner of this ----- OR -----

☐ owner of this
☐ agent for owner

(please check one)

☐ 1-, 2-, or 3-Family Residential

☐ 4 (or more) Family Residential
☐ Commercial

that is located in the City of Columbus, Ohio at

NUMBER _____ STREET _____ APT. OR UNIT # _____

- I will not contract with anyone not licensed/registered by the City of Columbus to perform work requiring such license/registration.
- I understand that additional permits may be required for electric, plumbing, mechanical, fire protection, and occupancy.
- I will require licensed/registered contractors to obtain their own permits when applicable.
- Name and signature below must match applicant or property owner of record information on the attached Building Permit Application form.
- I confirm that I have full approval and permission to act on behalf of the property owner for the purpose of making permit application and/or performing the work described under the attached permit application as allowed by applicable Columbus City Codes.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.

PRINT NAME _____ SIGNATURE _____

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

NOTARY PUBLIC OR BUILDING SERVICES DIVISION OFFICIAL

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

STAPLE CHECK HERE